



Policy 710

Breastfeeding: Definition, Promotion and Support Standards

June 26, 2020

POLICY

Local WIC programs provide breastfeeding promotion, education and support to participants.

PURPOSE

To promote breastfeeding as the biological norm for infant feeding and to provide breastfeeding support to parents and infants to extend breastfeeding exclusivity and duration.

RELEVANT REGULATIONS

- ◆ 7 CFR §246.11 (c)(5)—Monitor local program activities
- ◆ 7 CFR §246.11 (c)(7)(i)-(iv)—Breastfeeding promotion and support standards
- ◆ 7 CFR §246.11 (e)(1) – Encouragement of breastfeeding
- ◆ 7 CFR §246.2 – Breastfeeding definition
- ◆ All States Memorandum 96-06—Non-birth Mothers Certified as Breastfeeding Women
- ◆ USDA FNS Breastfeeding Policy and Guidance, 2016

OREGON WIC PPM REFERENCES

- ◆ [435—Staffing Recommendations](#)
- ◆ [440—Staff Training Requirements](#)
- ◆ [460—Program Incentive Items](#)
- ◆ [712—Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines](#)
- ◆ [713—Breastfeeding: Use of Supplemental Formula](#)
- ◆ [769—Assigning WIC Food Packages](#)

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DEFINITIONS

Breastfeeding: The practice of feeding human milk to an infant at least once per day on average (CFR 246.2)

Breastfeeding/Chestfeeding: A participant of any gender directly feeding at the breast/chest.

Breastfeeding Participant: The category “breastfeeding participant” refers to participants up to one year postpartum breastfeeding their infant, including

- Participants providing any amount of human milk to their infant(s) via breastfeeding (fully, mostly or some).
- Participants providing any amount of human milk to their infant(s) by expressing the human milk by hand or pump and feeding the expressed human milk to their infant.
- Participants providing any amount of human milk to infants to whom they did not give birth (see definition below).

A “breastfeeding participant” fits into one of the following three categories:

- **Fully breastfeeding participant:** A breastfeeding participant who is up to one year postpartum, whose infant does not receive formula from WIC.
- **Mostly breastfeeding participant:** A breastfeeding participant who is up to one year postpartum, whose infant receives infant formula from WIC up to the maximum provided for a mostly breastfeeding infant.
- **Some breastfeeding participant:** A breastfeeding participant who is up to one year postpartum, whose infant receives more than the maximum amount of infant formula from WIC provided for a mostly breastfeeding infant, but less than the amount provided for a non-breastfeeding infant.

Category Distinction: The category “breastfeeding participant” does NOT include people who are providing human milk to infants *only* by donating their human milk to a milk bank or other source.

Non-birth Breastfeeding Participant: A participant who is breastfeeding an infant they did not give birth to and *has* legal responsibility for. Examples include foster parents, adoptive parents, and parent partners who are both breastfeeding and living in the same household. A non-birth breastfeeding parent may receive WIC services if they meet eligibility criteria and the infant receiving their human milk is a WIC participant.

Wet Nurse: A parent who breastfeeds an infant they did *not* give birth to and does not have legal responsibility (custody) for. A wet nurse may receive WIC services if they are not being compensated for providing their human milk, they meet WIC eligibility criteria, and the infant receiving their human milk is a WIC participant.

PROCEDURE

Promotion of breastfeeding

- 1.0 Oregon WIC staff promote breastfeeding as the biological norm for infant feeding by
 - 1.1. Providing breastfeeding promotion and support information at the prenatal certification visit, and throughout the prenatal and postpartum periods.
 - 1.2. Encouraging all pregnant participants to breastfeed unless contraindicated for health reasons.

Local agency staffing

- 2.0 Each local agency will identify a Breastfeeding Coordinator to provide breastfeeding promotion, education and support leadership. See Appendix A for a list of the specific qualifications, roles and responsibilities of the local agency Breastfeeding Coordinator. See also [◆435—Staffing Recommendations](#).

Staff training

- 3.0 The state WIC agency is required by federal regulations to provide training on breastfeeding promotion and management to all local agency staff who then provide information and assistance to participants.
 - 3.1. The local agency Breastfeeding Coordinator helps train staff in providing breastfeeding support services.
 - 3.2. All new WIC staff will be trained in task-appropriate breastfeeding as part of their orientation.
 - 3.3. The local agency Breastfeeding Coordinator will mentor new and existing staff.
 - 3.4. Local agency training supervisors shall use state provided training modules and materials to train local agency staff.

Clinic environment

- 4.0 Establish local program policies, procedures and activities that promote a breastfeeding-friendly clinic environment.
 - 4.1. Encourage staff to communicate a positive attitude toward breastfeeding.
 - 4.2. Use positive breastfeeding messages and images in educational and outreach materials and displays.
 - 4.3. Ensure infant formula, bottles, and related materials are out of the sight of participants and the public.
 - 4.4. Do not use or purchase items that market specific brand name products, such as bottles or handouts with a formula company logo. Refuse samples from formula representatives for use by local agency staff. See also [◆460—Program Incentive Items](#).
 - 4.5. Encourage and support local agency staff to breastfeed.
 - 4.6. Support breastfeeding in clinics and provide private space if desired for staff and participants to breastfeed and/or express human milk.

Special situations

- 5.0 Special cases requiring careful attention to determine eligibility include adoption, surrogacy, foster care, or households headed by two parents breastfeeding the same infant. See Appendix B for specific details on how to enroll these special cases on WIC. For situations not addressed, contact your assigned Nutrition Consultant.
 - 5.1. For each infant, only *one* parent may be certified on WIC as a breastfeeding participant. If both birth parent and non-birth parent are breastfeeding and apply for WIC services, the birth parent would apply as non-breastfeeding postpartum and the non-birth parent would apply as breastfeeding. This would accommodate both parents being certified.
 - 5.2. If *both* parents are certified on WIC:
 - 5.2.1. The infant may only be claimed in one household when determining family size and income eligibility.
 - 5.2.2. The infant's ID number must be documented in the breastfeeding participant's chart if they are not linked in the data system, and staff

- must verify infant's food package prior to assigning and issuing food packages to the breastfeeding participant.
- 5.3. Both participants will be offered nutrition-focused counseling, breastfeeding support, the correct food package for their category, and a referral to a lactation specialist if appropriate.
 - 5.4. A non-birth breastfeeding participant must meet specific criteria to qualify for a WIC breast pump. See Appendix B and [♦712—Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines](#) for more details.

Contraindications

- 6.0 Contraindications to breastfeeding, though uncommon, may exist. Staff need to recognize them and make appropriate referrals. [See Level 2 Oregon WIC Breastfeeding Training Module](#) for full details.
 - 6.1. Breastfeeding is contraindicated when:
 - 6.1.1. The breastfeeding participant has tested positive for HIV (human immunodeficiency virus).
 - 6.1.2. The infant has galactosemia (inability to metabolize galactose, a rare condition).
 - 6.1.3. The breastfeeding participant has T-cell lymphotropic virus type I or II.
 - 6.1.4. The breastfeeding participant has untreated brucellosis.
 - 6.1.5. The breastfeeding participant has untreated active tuberculosis. The infant can be fed the parent's expressed human milk.
 - 6.1.6. The breastfeeding participant has active herpes simplex lesions on their breast/chest. The infant can be fed on the uninfected side if the infection is on one side only. The infant can be fed the parent's expressed human milk.
 - 6.2. Special consideration, assessment and counseling should be given to a breastfeeding participant in the following situations. Refer the participant to the RD, lactation consultant or health care provider for further evaluation and follow up.
 - 6.2.1. The breastfeeding participant uses cannabis, or certain street drugs such as PCP (phencyclidine) or cocaine. These substances can be detected in human milk and there is concern about the potential impact on the infant.
 - 6.2.2. A breastfeeding participant with symptoms of or confirmed COVID-19 is recommended to take steps to avoid spreading the virus to their infant:
 - Wash hands before touching infant
 - Wear a cloth face covering, if possible, while feeding at the breast
 - Wash hands before touching pump or bottle parts and clean all parts after each use

- 6.2.3. A breastfeeding participant who develops varicella 5 days before through 2 days after delivery will need to be separated from their infant for a period. The infant can be fed their expressed milk.
- 6.2.4. A breastfeeding participant with H1N1 influenza should be temporarily isolated from their infant. The infant can be fed their expressed milk.
- 6.2.5. The breastfeeding participant takes medications from the following classes of drugs. In most cases a compatible medication can be found.
 - Amphetamines
 - Chemotherapy agents
 - Ergotamines
 - Statins
- 6.2.6. The breastfeeding participant has been exposed to diagnostic radioactive compounds.
- 6.2.7. The infant has glucose-6-phosphate-dehydrogenase deficiency.
- 6.2.8. The infant has phenylketonuria (PKU). Infants with PKU can partially breastfeed while using special supplemental formula. Close monitoring by the health care provider is required.
- 6.2.9. The breastfeeding participant ingests alcoholic beverages.
- 6.2.10. The breastfeeding participant smokes cigarettes.
- 6.2.11. A breastfeeding participant enrolled in a supervised methadone maintenance program can be encouraged to breastfeed.

7.0 For the breastfeeding participant and infant who are not fully breastfeeding, refer to [713—Breastfeeding: Use of Supplemental Formula](#) [730—Bid Formula: Use and Description](#), to determine the appropriate human milk substitute for the infant’s use.

If you need this in large print or an alternate format, please call 971-673-0040.

This institution is an equal opportunity provider.

POLICY HISTORY

Date	* Major revision, Minor revision
3/8/2016	Revision
6/28/2019	Major revision
6/26/2020	Major revision

The date located at the top of the policy is the implementation date unless an “effective date” is noted on the policy. Policies will become compliance findings 6 months from the implementation date.

Release notes can be found in the corresponding document on the [Policy and Procedure Manual page](#).

***Major Revisions:** Significant content changes made to policy.

Minor Revisions: Minor edits, grammatical updates, clarifications, and/or formatting changes have occurred.

Date of Origin: Date policy was initially released

APPENDIX A

Local Agency Breastfeeding Coordinator Roles and Responsibilities

DEFINITION:

The Local WIC Agency Breastfeeding Coordinator is a designated staff member who provides leadership to the local WIC agency regarding breastfeeding promotion, support and protection.

QUALIFICATIONS:

- Is experienced in and committed to promoting, supporting and protecting breastfeeding
- Is a WIC Competent Professional Authority (CPA) or completes all WIC CPA training within 6 months of assuming this role
- Is an International Board Certified Lactation Consultant (IBCLC) or completes a 45 hour lactation course provided by State WIC within 6 months of assuming this role

DESIRABLE SKILLS:

- Has experience counseling breastfeeding parents representative of the WIC population
- Willingness to pursue the International Board Certified Lactation Consultant (IBCLC) credential if possible

ROLES

- Assesses, plans, implements and evaluates strategies to meet the breastfeeding education needs within the WIC program
- Assists WIC Coordinator, Training Supervisor and Breastfeeding Peer Counseling Coordinator in the breastfeeding-related training of local agency staff
- Assures that effective, appropriate and accurate breastfeeding information and services are provided to WIC participants
- Authorizes and trains local agency staff in the appropriate assessment and issuance of breast pumps
- Is a breastfeeding advocate and resource within the WIC program, the agency and the community

TYPICAL DUTIES & RESPONSIBILITIES

The Breastfeeding Coordinator provides leadership to the local agency in the following areas:

- Is familiar with Oregon WIC breastfeeding policies and works in coordination with the LA WIC Coordinator to assure compliance
- Advocates within the agency for best practices in breastfeeding promotion, support and management
- Ensures that the local agency follows federal and state laws regarding the provision of rest periods to breastfeeding employees for milk expression
- Coordinates the breastfeeding activities related to the annual Nutrition Services Plan
- Tracks breastfeeding rates and trends through the WIC data system and other sources, if available
- Oversees breast pump inventory and tracking of multi-user double electric breast pumps
- Plans and coordinates special projects, activities and events, such as support groups, peer counseling and World Breastfeeding Week
- Is the key breastfeeding contact for the State Agency
- Participates in the quarterly BF/BFPC meeting

The Breastfeeding Coordinator provides leadership regarding information and services to WIC participants:

- Keeps up-to-date on breastfeeding and lactation science as it applies to WIC services
- Assesses task-appropriate breastfeeding training needs of staff
- Provides to staff (through training or other methods) appropriate, current and accurate breastfeeding information, and builds skills of WIC staff, using the online Level 1 Breastfeeding Course as a minimum
- Maintains a positive clinic environment that promotes breastfeeding
- Assures that participant educational materials are appropriate and effective (brochures, videos, posters, etc.)
- Assures breastfeeding is promoted to all pregnant participants at their initial certification, unless medically contraindicated
- Assures, through review and observation, that WIC staff provide prenatal and postpartum participants with participant-centered education in both individual and group settings
- Assures that WIC participants receive breastfeeding encouragement, support, counseling and follow-up, if appropriate
- Assures that breastfed infants' food packages are tailored to support continued breastfeeding
- Assures that WIC participants who need WIC breast pumps receive them in a timely manner, are instructed correctly, and are provided follow-up
- Assures that WIC participants are referred to other breastfeeding resources that are beyond staff expertise and/or the scope of WIC services

The Breastfeeding Coordinator provides leadership to the local agency and surrounding community:

- Acts as the liaison between the WIC agency and the community regarding breastfeeding promotion, education and support
- Networks with other breastfeeding advocates and professionals and helps to build and strengthen task forces, coalitions or other partnerships and activities
- Identifies breastfeeding resources for the referral and support of WIC participants
- Advocates for breastfeeding services for WIC participants
- Assesses community and agency breastfeeding needs and helps address those needs

APPENDIX B

Breastfeeding Support – Special Situations

Birth parent and infant are living apart (adoption, foster care, surrogacy)

- A birth parent who is providing human milk for the infant, even though separated from the infant, may qualify for WIC as a breastfeeding participant if the following criteria are met:
 - The infant is enrolled on WIC
 - The infant’s adoptive or foster parent is not on WIC as a breastfeeding participant
 - The birth parent meets the eligibility requirements of income, residency, and nutritional risk
 - The birth parent is not receiving compensation for their human milk.
- If the birth parent *is not* breastfeeding, they may qualify for WIC as a non-breastfeeding postpartum participant if they meet the eligibility requirements of income, residency, and nutritional risk.

Data System Documentation	Food Package Assignment
<ul style="list-style-type: none"> • Make notes in data system for both families regarding this special situation, including WIC ID numbers for each participant 	<ul style="list-style-type: none"> • Assign appropriate food packages to birth parent and infant based upon amount of formula, if any, infant is receiving from WIC • Assign the WN food package if the birth parent is not breastfeeding <p>See ◆769—Assigning WIC Food Packages for further information</p>

Birth parent and non-birth parent are BOTH breastfeeding the infant and are living apart (adoption, foster care, surrogacy)

- The non-birth parent must be breastfeeding and meet the WIC eligibility requirements of income, residency, and nutritional risk. The non-birth parent is certified as a breastfeeding participant.
- The birth parent may apply as a non-breastfeeding postpartum participant because only one parent can be certified on WIC as a breastfeeding participant.
- If both the non-birth parent and the birth parent are certified on WIC, the infant may be claimed in only one parent’s household for determining family size and income eligibility.
- The infant is not required to live with the non-birth breastfeeding parent to be eligible for WIC.

Data System Documentation	Food Package Assignment
<ul style="list-style-type: none"> • Make notes in data system for both families regarding this special situation, including WIC ID numbers for each participant 	<ul style="list-style-type: none"> • Assign appropriate food packages to the non-birth parent and infant based upon the amount of formula, if any, infant is receiving • Assign the WN food package to the birth parent, regardless of breastfeeding status, as only one breastfeeding parent can be tied to an infant. <p>See ◆769—Assigning WIC Food Packages for further information</p>

Birth parent and non-birth parent are both breastfeeding the infant and live in the same household

- The non-birth parent must be breastfeeding and meet the WIC eligibility requirements of income, residency, and nutritional risk. The non-birth parent is certified as a breastfeeding participant.
- Only one parent in the household may be certified as a breastfeeding participant.
- Since the non-birth parent cannot be on WIC as a postpartum participant (they were never pregnant), they must be certified as the breastfeeding participant and the birth parent will be certified as the non-breastfeeding postpartum participant (even if breastfeeding).
- The length of the certifications will be determined by the age of the infant. As with birth parents, a non-birth parent’s status as a breastfeeding participant ends when that participant stops nursing the infant at least one time per day or at the infant’s first birthday, whichever comes first.

Data System Documentation	Food Package Assignment
<ul style="list-style-type: none"> • Enroll breastfeeding infant in the family with the WIC breastfeeding participant (non-birth parent) • Enroll birth parent as a non-breastfeeding participant, regardless of breastfeeding status, in a <i>separate</i> family in data system • Certification of the non-birth breastfeeding participant: Medical Data Screen Enter 999 for “Total Weight Gain, Pregnancy Just Completed” Health History Questionnaire Enter one for the question “For the pregnancy just completed, how many babies were delivered?” even though they did not give birth • Document the birth parent’s ID number in the WIC Notes of each record to link them 	<ul style="list-style-type: none"> • Assign the appropriate food packages to the non-birth parent and infant based upon the amount of formula, if any, the infant is receiving • Assign the birth parent the WN food package, regardless of breastfeeding status <p>See ◆769—Assigning WIC Food Packages for further information</p>

Breast Pump Issuance

- A non-birth breastfeeding parent may qualify for a multi-user double electric breast pump to increase milk production; pump may not be issued until after the baby is born.
- A non-birth breastfeeding parent must be fully breastfeeding to be eligible for a personal double electric breast pump. All criteria for parents returning to work or school listed in [◆712—Breastfeeding: Breast Pump Ordering, Distribution and Tracking Guidelines](#) must be met.
- A breastfeeding parent certified as postpartum would be eligible for a manual pump if needed.